

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1799 OF 2428

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REPUBLICAN NATIONAL COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MR. JAMES BENNETT SWIRE**

Mailing Address 4 MILL POND LANE

City	State	Zip Code
NEW ROCHELLE	NY	10805-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2015

**Transaction ID : 2015M06L11AI05368**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. MR. JAMES BENNETT SWIRE**

Mailing Address 4 MILL POND LANE

City	State	Zip Code
NEW ROCHELLE	NY	10805-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2015

**Transaction ID : 2015M06L11AI05369**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. CHANNARY S. SY**

Mailing Address 3180 NW DIVISION ST

City	State	Zip Code
GRESHAM	OR	97030-5273

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TEMCO CO.

Occupation

MACHINE OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2015

**Transaction ID : 2015M06L11AI05370**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

325.00

**TOTAL** This Period (last page this line number only)..... ►